


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90292 019 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000002923</b>					
1. Corporation Name <b>SOUTHEAST DISPLAY CENTER, INC.</b>					
Principal Place of Business <b>1415 FOUNDATION PARK BLVD. PALM BAY FL 32909 US</b>			Mailing Address <b>1415 FOUNDATION PARK BLVD PALM BAY FL 32909 US</b>		



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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>06/14/1994</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-3395130</b>	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24		Country 25		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 29		Zip 30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent <b>BENTON, MR. RICHARD E. E 1415 E PIEDMONT STREET SUITE 4 TALLAHASSEE FL 32312</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAWSON, JAMES			1.2 NAME			
STREET ADDRESS	1415 FOUNDATION PARK BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32909			1.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SZUBA, TOM			2.2 NAME			
STREET ADDRESS	1415 FOUNDATION PARK BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32909			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANDA, SUNDEEP			3.2 NAME			
STREET ADDRESS	1415 FOUNDATION PARK BLVD, SE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32909			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARD, CURT			4.2 NAME			
STREET ADDRESS	1514 FOUNDATION BLVD SE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32909			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/22/99

407 - 724-6100

Date

Daytime Phone

CR2E037 (11/98)